

128

5/7

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DO YOU NEED POSTERS? YES ☐ NO ☐

(Check one that best applies)

Municipal Political Fine Arts Fraternal Religious Charitable Public Service

LIQUOR LICENSE HOLDERS

YK-80900

COMPLETE ALL QUESTIONS

2. Licensee name (last, first,), corporate name or limited liability company (LLC) name
(As it reads on your liquor license)

NAME: _____

ADDRESS: _____

CITY Palmyra ZIP 68418

3. Location where event will be held; name, address, city, county, zip code

BUILDING NAME _____

ADDRESS: Canopy St. and Q St. **CITY:** Lincoln

ZIP 68508 COUNTY and COUNTY # Lancaster

- a. Is this location within the city/village limits? YES ☒ NO ☐

- b. Is this location within the 150' of church, school, hospital or home for aged/indigent or for veterans and/or wives? YES ☐ NO ☒

- c. Is this location within 300' of any university or college campus? YES ☐ NO ☒

4. Dates and times of event (no more than six (6) consecutive days on one application)

Date <u>5/7/2016</u>	Date	Date	Date	Date	Date
<u>Hours</u> From <u>8am</u>	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From	<u>Hours</u> From
To <u>12pm</u>	To	To	To	To	To

a. Alternate date: _____

b. Alternate location: _____
(Alternate date or location must be specified in local approval)

5. Indicate type of activity to be carried on during event:

Dance _____ Reception _____ Fund Raiser _____ Beer Garden _____ Sampling/Tasting X
Other bottles of wine/cider to go

6. Description of area to be licensed

Inside building, dimensions of area to be covered IN FEET _____ x _____
(not square feet or acres)

*Outdoor area dimensions of area to be covered IN FEET 10 x 10

*SKETCH OF OUTDOOR AREA (or attach copy of sketch) (sample sketch)

see attached supplemental form

If outdoor area, how will premises be enclosed?

X Fence; _____ snow fence ☐ chain link ☐ cattle panel

X Tent _____ other _____

7. How many attendees do you expect at event? 150

8. If over 150 attendees. Indicate the steps that will be taken to prevent underage persons from obtaining alcohol beverages. (Attach separate sheet if needed)

Check id's before serving 1 oz free sample. Bottles of wine/cider available for off sale only. Samples must be consumed in licensed area.

9. Will premises to be covered by license comply with all Nebraska sanitation laws? YES ☒ NO ☐

a. Are there separate toilets for both men and women? YES ☒ NO ☐

10. Where will you be purchasing your alcohol?

Wholesaler _____ Retailer X _____ Both _____ BYO _____
(includes wineries)

11. Will there be any games of chance operating during the event? YES ___ NO ___

If so, describe activity _____

NOTE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law. There are no exceptions for Non Profit Organizations or any events raising funds for a charity. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.

12. Any other information or requests for exemptions: _____

13. Name and telephone number/cell phone number of immediate supervisor. This person will be at the location of the event when it occurs, able to answer any questions from Commission and/or law enforcement before and during the event, and who will be responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. **PLEASE PRINT LEGIBLY**

Tim Murman
Print name of Event Supervisor _____

Signature of Event Supervisor Tim Murman

Event Supervisor phone: 402 202 2887 same
Before _____ During _____
Email address tim@glaciattitviveyard.com

Consent of Authorized Representative/Applicant

14. I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.

sign here	<u>Tim Murman</u>	Manager	4/4/2016
	Authorized Representative/Applicant	Title	Date

Tim Murman

Print Name

This individual must be listed on the application as an officer or stockholder unless a letter has been filed appointing an individual as the catering manager allowing them to sign all SDL applications.

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

SUPPLEMENTAL FORM
REQUIRED FOR ALL OUTDOOR EVENTS
(Including those for Non Profit Organizations)

Name of Event:	Lincoln Haymarket Farmers Market		
Applicant and Sponsoring Organization or Individual (if applicable):		Glacial Till Vineyard	
Date(s) of Event:	see attachment	Hours:	8am-12pm
Alternate Date(s):		Hours:	

Is the event open to the public? ☒ Yes ☐ No

How will you ensure that minors will not be served or consume beverages containing alcohol: _____

Check Id's before serving free 1 oz sample. Only can be consumed in licensed premise

Will food be served? ☐ Yes ☒ No If yes, please list food to be served: _____

We will not be serving food but other vendors at the farmers market have food available

Will non-alcoholic beverages be served: ☐ Yes ☒ No

If yes, please list non-alcoholic beverages to be served: _____

Others at the market have other beverages available for sale

Who will serve the beverages containing alcohol? see attachment

Must complete Server/Seller Applicant Information Sheet.

Have the designated servers received responsible beverage server training? ☒ Yes ☐ No

Will there be a charge for admission? ☐ Yes ☒ No

In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? ☐ Yes ☒ No If so, explain: _____


Applicant's Signature

4/4/2016

Date

Lincoln Historic Haymarket Farmers Market (8:00 am - 12:00 pm)

[illegible]

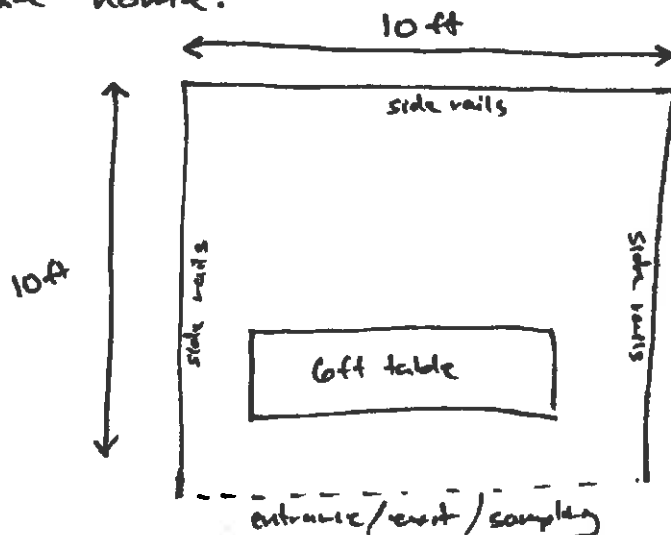
SITE PLAN INFORMATION REQUIRED FOR ALL OUTDOOR EVENTS

Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary.

1. Number of Entry & Exit Points & Dimensions: (10 ' x 10 ')
2. Size & location of tent(s) (heights, width, depth)
3. Size of area being used (10 x 10)
4. Location & type of cooking equipment (If used)
5. Location of tables & chairs; If stage for band provided & dance area, show location & dimensions on drawing.
6. Height & type of fencing to be used.

Note: Two (2) exit points must be indicated on your drawing. These exits cannot lead patrons into the building. Questions relating to entry/exit points; electrical wiring; tent sizes can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.

10 ft x 10 ft pop up tent used at the farmers market. In addition to the tent we have 3 side rails enclosing the tent. Sampling table placed inside tent. Must show ID before receiving a 1 oz sample of wine or cider. Wines and ciders are available for sale to take home.



ATTACH EXTRA PAGES IF NECESSARY